

Jonathan Ball, Director
Office of Legislative Fiscal Analyst
State Capitol Complex
House Building, Suite W310
Salt Lake City, UT 84114

January 2020

Dear Mr. Ball:

This report has been completed in compliance with intent language given to the Division of Family Health and Preparedness to report on the accomplishments of the recommendation that were suggested in the Performance Audit conducted in 2017 by the Office of Legislative Auditor General 'Status update for the Performance Audit of the Division of Family Health and Preparedness (FHP) report # 2017-03'. S.B. 2, Item 186 - *The Legislature intends that the Department of Health report to the Office of the Legislative Fiscal Analyst by January 7, 2020 on the status of all recommendations from "A Performance Audit of the Division of Family Health and Preparedness" that the Department of Health had anticipated finished implementing in its agency response to the legislative audit.* Two prior reports were submitted in November of 2018 and in January of 2019 with supporting documentation that are referenced in this report.

Implementation Status Report

Division of Family Health and Preparedness

January 2020

A Performance Audit of the Division of Family Health & Preparedness (2017-13)

Chapter II - Three recommendations for Child Care Licensing (CCL)

#1 We recommend Child Care Licensing develop clear policies regarding the use of sanctions to address patterns of noncompliance. **IMPLEMENTED – see November 2018 report**

#2 We recommend Child Care Licensing clarify policies and procedures for the appeals process after consultation with their legal counsel, including a process for increased monitoring during appeals. **IMPLEMENTED see November 2018 report**

#3 We recommend policies for sanctions and appeals be made publicly available online. **IMPLEMENTED see November 2018 report**

Chapter III - Ten recommendations for Health Facility Licensing (HFL)

#1 We recommend the Bureau of Health Facility Licensing calculate and track the average time between surveys for each facility type to better understand their backlog. **IMPLEMENTED see November 2018 report**

#2 We recommend the Bureau of Health Facility Licensing adopt efficiencies such as implementing an electronic surveying process, restructuring survey teams, and performing analysis on the benefits and costs of multiple surveyor locations, **IMPLEMENTED see January 2019 report**

*#3 We recommend the Bureau of Health Facility Licensing improve efficiencies, then work with the Legislature to set an oversight standard for quality and survey duration and benchmark funding to that level. **IMPLEMENTED***

HFL has set quality standards at a two year average for licensing inspections, with increased presence for non-compliant providers. HFL's current staffing is adequate to meet this level. At this point HFL is not seeking to retain fees but to keep with the current general fund allocation.

*#4 We recommend the Bureau of Health Facility Licensing publicly post their survey findings online. **IMPLEMENTED***

HFL's website has been developed and is being populated. The new system has taken longer than expected but has now been delivered. The new federal data system has not been released, but is being tested this will allow for further web based implementation of information.

*#5 We recommend the Bureau of Health Facility Licensing utilize statutory enforcement mechanisms that promote provider compliance and maximize state resources. **IMPLEMENTED see November 2018 report***

*#6 We recommend the Bureau of Health Facility Licensing thoughtfully adopt formal civil monetary penalty policies that can be consistently applied among providers. **IMPLEMENTED see November 2018 report***

*#7 We recommend the Bureau of Health Facility Licensing, along with the Health Facility Committee, amend their administrative rules to align with current survey practices and utilize them to better enforce compliance. **IMPLEMENTED see November 2018 report***

*#8 We recommend the Bureau of Health Facility Licensing work with providers to ensure their compliance with Utah Code 26-21-206. **IMPLEMENTED see November 2018 report***

*#9 We recommend the Bureau of Health Facility Licensing work closely with the Department of Human Services to better integrate the DACS with the SAFE database in an effort to reduce background screening queues. **IMPLEMENTED see November 2018 report***

*#10 We recommend the Bureau of Health Facility Licensing adopt a policy detailing what would allow them to overturn a deniable offense during the first level of the appeals process. **IMPLEMENTED see November 2018 report***

Chapter IV - Five recommendations for Children with Special Health Care Needs - Baby Watch Early Intervention Program (BWEIP)

*#1 We recommend the staff of Baby Watch Early Intervention Program perform on-site monitoring of contracted providers to ensure quality of services. **IMPLEMENTED see November 2018 report*** in addition the BWEIP has completed onsite visits to all 16 Early Intervention programs, and a comprehensive audit report was developed for each program. In response to the audit reports, each EI program has completed a Quality Assurance Plan. Each program receives ongoing training and technical assistance from Baby Watch to ensure that quality Early Intervention services continue to be delivered throughout Utah. In addition, as warranted, follow-up onsite audits have been completed by the Department and BWEIP with Early Intervention programs where programmatic and fiscal concerns have been identified.

*#2 We recommend that Baby Watch Early Intervention update and clarify policies, utilizing stakeholder input throughout the process. Policy changes should include, but are not limited to, the use of background checks and data system changes. **IMPLEMENTED see November 2018 report***

The Baby Watch Early Intervention Program has revised and updated all of their policies, as well as created a new policy for the Interagency Coordinating Council. The Comprehensive System of Personnel Development, Eligibility Criteria, Interagency Coordinating Council, Timely, Comprehensive, Multidisciplinary Evaluation & Assessment, and Transition policies went through two public hearings and ICC review, and received final approval from the Office of Special Education Programs on July 1, 2019. All current policies are available on the Baby Watch website at utahbabywatch.org.

*#3 We recommend that the legislature consider statutory changes to require background checks for Baby Watch Early Intervention providers. **IMPLEMENTED see November 2018 report***

*#4 We recommend that Baby Watch Early Intervention track and utilize data on service hours and service types for all program participants. **IMPLEMENTED see November 2018 report***

#5 We recommend that the Division of Family Health and Preparedness develop and implement a plan to improve funding for Baby Watch Early Intervention Program and report annually their progress to the Social Services Appropriations Committee. This plan should include:

- a. a cost-benefit analysis to determine if a fee schedule would be an improvement over the current bundled Medicaid payments,*
- b. a cost-benefit analysis of private insurance utilization, and*
- c. if private insurance is deemed cost-effective, work with the legislature to develop statutory language supporting private insurance billing. **Implemented/In Progress***

The Baby Watch Early Intervention Program (BWEIP) was a selected state team in the ITCA Fiscal Initiative. The IDEA Infant and Toddler Coordinators Association (ITCA) partnered with the National Center for Systemic Improvement (NCSI) and the Early Childhood Technical Assistance Center (ECTA) to support building capacity for Part C fiscal infrastructure. Other cost studies were discussed during the initiative. The last cost study was completed by BWEIP in 2014-2015. The recommendation that will be implemented by BWEIP is to complete a new cost study every 5 years. A professional services bid is being requested through state purchasing for a cost study to be completed in FY2020.

BWEIP also explored private insurance billing as one of the team goals of the fiscal initiative. In order for Utah's Baby Watch Early Intervention Program to bill third party insurance, the state must secure private insurance legislation to allow coverage for service of children enrolled in the Part C early intervention system.

Technical assistance during the Fiscal Initiative has provided us with the following information from ECTA and other state agencies:

<https://ectacenter.org/topics/finance/statelegis.asp>

Illinois: <http://www.dhs.state.il.us/page.aspx?item=96964>

Massachusetts: <https://law.onecle.com/massachusetts/175/47C.html>

Missouri:

<http://revisor.mo.gov/main/OneSection.aspx?section=376.1218&bid=20938&hl=>

New Mexico: <https://nmlegis.gov/Sessions/05%20Regular/final/SB0589.pdf>

<https://law.justia.com/codes/new-mexico/2017/chapter-59a/article-22/section-59a-22-34.2/>

New Mexico Family Infant Toddler Program - nectac.org

New York: https://newyork.public.law/laws/n.y._insurance_law_section_3235-a

Chapter V - Three recommendations for Division of Family Health and Preparedness (FHP) Management

*#1 We recommend that Family Health and Preparedness develop a strategic plan and align this plan with updated department and bureau-level strategic plans. **IMPLEMENTED***

See Division strategic plan from January 2019 report.

*#2 We recommend that Family Health and Preparedness ensure all bureau strategic plans include meaningful and measurable outcome metrics. **IMPLEMENTED***

See Division Strategic plan from January 2019 report.

*#3 We recommend that Family Health and Preparedness implement ongoing performance evaluation of all programs to ensure outcomes are achieved. **IMPLEMENTED***

All programs have been evaluated and each program now has individual performance measures in place, FHP has a Quality Assurance Specialist as well as each Bureau has a representative that works with the Department's Office of Process Improvement to ensure the performance measures are correctly enhancing each program. Performance measures have also been required for all programs working to initiate teleworking. See January report which includes the Division's Strategic Plan that includes many but not all of the performance measures for each program.